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# The Best Medical Care

*The Public Relations Committee of the California Medical Association recognizes that medical public relations is a reflection of every event in each doctor's office, every action or inaction of each medical society and every public utterance of each doctor speaking officially or unofficially. The importance of good medical public relations has been emphasized repeatedly through the years in various actions of the Council and the House of Delegates of the California Medical Association.*

***The goal of the medical profession is, through all its activities, including public relations, to achieve and preserve the best medical care for every individual.***

MALCOLM S. M. WATTS, *M.D., Chairman*

THERE CAN BE NO DOUBT that the best medical practice and with it the best medical care for patients is now being challenged. The responsibility of the profession is clear. The essential elements of the best medical care must be identified and publicized. They must be preserved and adapted to the modern economic, sociological and political environment. The best in medical care must be constantly improved. So far as is humanly possible, it must be made available to every individual.

### *The Essential Elements*

The best medical care embodies the essential elements of the doctor-patient relationship. These include (1) the need of an individual patient for help with a particular problem, (2) the concern of the doctor with the individual patient, (3) the secure belief of the patient that the physician can and will help and (4) the tool or technology by which the help is given. The best medical care can be rendered only when all these elements are present. Patients are individuals with individual problems. These require recognition by an adequately motivated physician who has the confidence of the patient and the knowledge and wherewithal to solve the problem.

### *In the Community and the Group*

The essential elements of the best medical care also apply at the community or group level in three ways. First, activities at those levels should preserve these elements in professional relationships between doctors and patients. Second, these elements are essential when physicians or their medical associations apply the principles of diagnosis, treatment or prevention to the economic, social or political problems of patients or groups of patients with regard to their medical care. Third, these essential elements can govern the relationship between the medical society and the community which it serves, with organized medicine in the role of "physician" and the community in the role of "patient."

*For the Patient and the Public*

For the patient and the public the best medical care therefore embodies a recognition of the patient's need either in terms of his physical and emotional condition or of his economic, social or political situation. It insures that the doctor's primary allegiance remains to the patient and that it is not diluted by financial or other responsibilities to collective groups within or without the profession. It provides freedom of action for both doctor and patient, both before and after illness strikes, in order that the patient may derive the physiologic benefit and the psychologic comfort of faith in his medical care. It requires the economic, sociologic and technologic availability of competent physicians, ancillary personnel and of adequate wherewithal for service to the patient.

**• Good medical public relations is good performance which is understood and appreciated. This good performance means the best medical care for every individual and a dedication to its constant improvement. This can best be accomplished and understood by making the doctor-patient relationship a living reality in the office, in the community, in the state and in terms of economic, sociological and political problems in medical care. The need of the patient for help must be identified, the doctor's willingness to help must be demonstrated and the patient convinced that the doctor is interested and able to help. Tools and technology must be developed for prevention, treatment and rehabilitation. When these things are done, the good performance will not only be understood but it will be appreciated. Achieving this, the best interest of the patient, the human individual and the voter will be secure, and with them the best interests of medical practice and of the physician.**

### THE AMERICAN SYSTEM OF FREE ENTERPRISE

*The best medical care is inescapably a product and a part of the traditional American system of free enterprise.*

Like our way of life, it is vital, dynamic, changing and growing. It must adjust to the American way of life. At present this includes rising costs, deficit financing and the use of prepayment, tax-free and tax funds in medical care. The best medical care has an opportunity to respond to the great urge of almost every American to improve his standard of living. Most Americans will pay more for better cars, better housing, better food or clothing. They will pay the cost of better medical care if they understand it and are convinced of its benefits.

*Prudent Research and Experiment*

Such vital, growing, better medical care must be subject to prudent research and experiment. Any such experiment should avoid undue risk for the human individual and should preserve the essential elements of the best medical practice. In its experiments in scientific medicine the profession has long accepted this principle. Sociologic and economic experiments should also be assessed in terms of this previously described "best medical care," and in terms of possible abuses of plans, of administrative waste, of overhead and ultimate cost which is eventually met by the consumer—the patient or the potential patient. To satisfy the purchaser, the best medical care plans must provide the patient with some degree of certainty of coverage of costs. For the administrator there must be some predictability and control of costs. For the patient and physician there should be freedom of choice and freedom of action in the management of the individual's problem.

This "best medical care" is a living, dynamic reality which must become understood and appreciated by patients and potential patients. It must be available to every individual who may need it. This is an achievement of and a challenge to the American system of free enterprise.

### THE ROOTS OF SOME PROBLEMS IN MEDICAL CARE

Upon reflection, it appears that there are five basic underlying causes of the medical care problems of today which must be considered in any effective program of medical public relations to provide the best medical care for every individual:

1. *The growth of science* has resulted in specialization in medical practice which has extended even beyond the medical profession to include many paramedical technologies and services rendered by many public and private health and welfare agencies. Also, the growth of science has affected the whole of society and has brought everyone into a closer and more interdependent relationship. The medical profession has found it difficult to maintain its position of leadership in some fields of medical care.

2. *Economic changes* have had profound effects. Scientific advances have made medical care more complex and more expensive. The cost of living has risen, the value of the dollar has been lessened, and taxes have greatly increased. The necessary development of prepayment, tax-free and tax funds to spread the growing cost of illness has resulted in great changes in medical practice. These trends may be expected to continue.

3. *Sociologic trends* inherent in our democracy have tended to deemphasize the particular interests of the individual; to make these interests gradually subservient to the principle of the greatest good for the greatest number. However, medical care is a very personal matter and the medical profession is

one of the few important nationally organized groups whose primary concern is with the welfare of the individual as it is distinct from the welfare of the majority.

4. *Political developments* have reflected these scientific, economic and sociologic changes. Public officials increasingly rely upon the advice, counsel and financial support of organizations that represent collective interests. The individual and his individuality have lost sociologic, economic and political force. No organization has given power to the voice of human individuality. Even the courts seem less apt to uphold the right of an individual to be different. The pressures for conformity are seldom neutralized.

5. *The structure of the medical profession* is that of a scientific society. Its strength has been in the development, dissemination and application of scientific knowledge and technique. Its structural organization and system of communications, geared to scientific needs, have proved cumbersome, awkward and inadequate for other purposes. It is only beginning to assert economic, social and political leadership in the interest of the individual patient.

### SOME FALLACIOUS CONCEPTS

Several fallacious concepts have been introduced which have had surprisingly wide acceptance and therefore bear upon the problem of medical public relations and the best medical care:

1. Many have come to consider medical care to be simply a product or *commodity* consisting of diagnostic procedures, x-rays, laboratory tests, operations, pills, injections and the like. To them, the best medical care merely requires the application of well-known mass production and mass distribution techniques to this commodity in the best American tradition.

2. Many have come to believe that medical care is in fact a *precise science* which could almost guarantee health for all if it could only be made available to everyone. This fallacy is perilously close to the hopeless search of Ponce de Leon for the Fountain of Youth.

3. Many believe that *medical care should be "free."* Of course it can never be free. It must ultimately be paid for by the consumer. In general, the more complex the system for making it "free," the more costly medical care becomes, for the cost of the *system* must be added to the cost of patient care.

4. It is often assumed that the doctor will work devotedly in the interest of the patient no matter who pays him. This assumes that *doctors are somehow different* from other people. To the extent that a doctor works *for* the government, *for* a union or *for* an insurance company, or *for* anyone other than the patient, his interest in the patient is proportionately reduced. When pools of money for medical care are collected through prepayment, fringe benefits or tax funds the question is seldom asked "whose money is it?" Yet always it should be considered as *held in trust for the medical care of the patients.*

5. It is assumed by many that the *greatest good for the greatest number* and the best in medical care for the individual patient are identical. Upon reflection, this principle is found to apply whenever there is, or may be, great disparity between the numbers of persons in need of medical care and the amount of services that may be available. Thus, it applies in potentially epidemic situations when the public health is endangered, in military medicine, in civilian defense and in certain remote or undeveloped areas where adequate facilities and services are not available. While these "epidemic" needs must be met, they should not be confused with the best medical care for the individual patient in normal circumstances. The average American has received and continues to be entitled to personalized care for his individual needs which may or may not be similar to the problem of others.

6. *"Freedom from"* is often confused with *"freedom to."* The question here is to what extent is the independence of the individual and his right to personal consideration to be sacrificed to dependence upon and interdependence with the greatest good for the greatest number. Medical care is now becoming considered a social necessity along with food, shelter and clothing. Freedom from want has not been confused with freedom to choose food, housing and clothing. Freedom from cost of medical care has been confused with freedom to choose medical care particularly after illness strikes.

### SOME PUBLIC RELATIONS GOALS

A program of good medical public relations, to achieve the best medical care for every individual should be directed toward certain goals:

1. *The best in medical care* must become recognized as best for the individual patient. Its essential nature and value must become understood. There must be no compromise with the concept of the greatest good for the greatest number except when this is clearly in the best interests of the individual patient as a stop gap emergency measure. There must be no compromise with the mediocrity which collectivism ultimately engenders.

2. *The doctor-patient relationship* must be made a living reality in the office, hospital, home and at organizational levels. It is a critical distinction between individual and collective medical care. The

interest of the doctor and his profession in the individual patient must be extended to include political, social and economic problems as they pertain to medical care.

3. *Medical science must be placed in perspective* as the tool with which the doctor works and not a commodity to be mass produced and mass distributed. Both its accomplishments and its shortcomings must be made clear.

4. *The best medical care must be available* economically and otherwise to the patient. Where necessary, economic programs must provide him with a degree of certainty of coverage of its cost and retain for him his freedom of choice and freedom of action both before and after he becomes ill. "Freedom to" must be combined with "freedom from" in medical care.

5. *The fractionation of medical practice and medical care must be neutralized.* Efforts must be made to reintegrate generalists and various specialists within the profession, paramedical technologists, public and private health and welfare agencies and sometimes the special interests of departments of public health, into the best medical care for every individual. The medical profession must reaffirm its leadership to insure that all these important and necessary activities be coordinated, guided and assisted by the physician and the medical profession in the interest of individual patients.

6. *Medical societies must become more than scientific associations.* To function in the best interests of the patient and the community they must become effective leaders—"*physicians to the community.*" Their leaders must have the support of an understanding and informed membership. This entails close and effective communications. The morale and enthusiasm of our societies must be high if they are to have unity of purpose and unity of action.

7. *Human individuality in medical care must be supported.* The best medical care is practiced in terms of the individual in its highest professional expression. This essential individuality must be extended and applied in the solution of the economic, sociologic and political problems of medical care. The best medical care must be explained in terms of the individuality of doctor, patient and the relationship between them.

#### HOW CAN PUBLIC RELATIONS GOALS BE ACHIEVED?

1. *The doctor and his patient.* The basic component of medical public relations is the relationship between the doctor and his patient in the office, in the home and in the hospital. This relationship must be expressed in terms of the best medical care. Programs to strengthen this relationship should be instituted. The practicing physician must train his office assistants and ancillary personnel in basic public relations techniques. He must arrange for adequate coverage of the care of patients during his absence. He must bear in mind that anything he says or does either officially or unofficially is medical public relations.

2. *Services rendered by members of medical societies.* The following services by physicians as members of medical societies are of critical importance:

(a) Adequate doctors and adequate facilities in the community.

(b) 24-hour emergency medical service.

(c) Referral service, adequately publicized.

(d) Public service committees (grievance and mediation committees).

(e) Blood banks and minifilm services, etc., when indicated.

(f) Personal physician program.

(g) Participation in community health and welfare activities as official or unofficial representatives of the medical society.

3. *Medical societies and the public:*

(a) *Press relations* may be cultivated on a personal basis in each community. The press has a responsibility to improve the community and this is a common purpose with the medical profession. To some extent the press moulds, and to some extent it reflects, community opinion.

(b) *Television outlets* have proven to be an excellent means for placing medical science in its proper perspective in the public eye. Radio and television outlets have a recognized public service responsibility to the community. Health education is considered a public service.

(c) *Medical society information services.* These may include professional evaluation of reported medical advances, referral services, information concerning available health and welfare services, etc.

(d) *Speakers bureaus.* Medical societies should encourage their membership to speak and appear in public. The evidence indicates that such appearances do not give rise to unfair competition with colleagues.

4. *Medical societies and ancillary medical groups.* Close sympathetic liaison and effective coordination can be established with office assistants' associations, allied professions, paramedical groups, public and private health and welfare agencies, departments of public health, etc.

5. *Medical societies and medical economics.* Good public relations can be achieved through support of economic programs which respect the individuality of doctors, patients and the relationship between them such as:

(a) Ethical collection agencies.

(b) Encouragement and support of any experimental programs in medical care which meet the criteria of the best medical practice.

6. *Medical societies and sociological problems in medical care.* Medical societies, as physicians to the community, can take the lead in many community health problems which, while basically medical in nature, have wide sociological and economic ramifications—problems such as mental health, alcoholism, narcotic addiction, rehabilitation and care of the chronically ill and the aging.

(7) *Medical societies and political problems.* The interest of the medical society in political medical problems can be to uphold the interests of the individual and individuality in medical care in terms of political and legislative activity at the local, state and national level. It is more effective to think and to speak in terms of patient interest than in terms of professional interest. Societies can act through legislative committees, boards of directors and through the individual activity of members. The ultimate source of political power is the voter. The voter is always a patient or potentially a patient.

8. *Medical societies and medical education.* The responsibility of medical societies for medical education is traditional. Educational programs may be directed toward the patient, toward the public and toward the profession itself. Societies may cooperate with ancillary public and private health and welfare agencies in suitable educational programs. Such programs should insure that medical science is presented so that its accomplishments as well as its inadequacies are recognized.

9. *Medical society communications and morale.* To carry out an effective public relations program and play the role of physician to the community, medical societies must develop morale. Members must be proud to belong, be well informed and present a united front in the interest of the patient and the human individual. Leadership must have the support of an understanding and informed membership. This requires close and effective internal communications among leadership, councils, committees and the membership itself.